

Fill in this information to identify the case:

Debtor name PFO Global, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 17-30355

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ 0.00

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ 0.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 10,743,000.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 11,729,208.09

4. Total liabilities

Lines 2 + 3a + 3b

\$ 22,472,208.09

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: **Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: **Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: **Accounts receivable**

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

Part 4: **Investments**

13. Does the debtor own any investments?

No. Go to Part 5.

Yes Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1
Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture
Name of entity: % of ownership

Sole member of Pro Fit Optix Holding
15.1. Company, LLC

100 %

Unknown

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16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.
 Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

No. Go to Part 10.
 Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.) | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1. 14401 W. Beltwood Parkway, Suite 100, Farmers Branch, TX 75244 | <u>Leasehold</u> | <u>Unknown</u> | <u>N/A</u> | <u>Unknown</u> |

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

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57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.

Yes Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|--|---|------------------------------------|
|---------------------|--|---|------------------------------------|

60. Patents, copyrights, trademarks, and trade secrets

See attached Exhibit B60

Unknown

Unknown

61. Internet domain names and websites

pfofglobal.com

Unknown

Unknown

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill
Goodwill

Unknown

Unknown

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes Fill in the information below.

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Current value of
debtor's interest

| | | |
|-----|---|----------------|
| 71. | Notes receivable Description (include name of obligor) | |
| 72. | Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local) | |
| 73. | Interests in insurance policies or annuities Commercial General Liability - American Cas Co. of PA Policy No. B6045290038 | <u>Unknown</u> |
| | Automobile Liability - American Cas Co. of PA Policy No. B6045290038 (non-owned autos only) | <u>Unknown</u> |
| | Umbrella Liability - Continental Casualty Co. Policy No. B6045290072 | <u>Unknown</u> |
| | Workers Compensation and Employers Liability - Valley Forge Ins Co. Policy No. WC65691542 | <u>Unknown</u> |
| | Directors & Officers (D&O) - Wesco Insurance Company Policy No. EUW141889300 | <u>Unknown</u> |
| | Excess D&O - Argonaut Insurance Company Policy No. MLX760146301 | <u>Unknown</u> |
| 74. | Causes of action against third parties (whether or not a lawsuit has been filed) | |
| 75. | Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims | |
| | Unknown | <u>Unknown</u> |
| | Nature of claim | |
| | Amount requested | <u>\$0.00</u> |
| 76. | Trusts, equitable or future interests in property | |
| 77. | Other property of any kind not already listed Examples: Season tickets, country club membership | |
| 78. | Total of Part 11. Add lines 71 through 77. Copy the total to line 90. | <u>\$0.00</u> |
| 79. | Has any of the property listed in Part 11 been appraised by a professional within the last year? | |
| | <input checked="" type="checkbox"/> No | |
| | <input type="checkbox"/> Yes | |

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Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1 | <u>\$0.00</u> | |
| 81. Deposits and prepayments. Copy line 9, Part 2. | <u>\$0.00</u> | |
| 82. Accounts receivable. Copy line 12, Part 3. | <u>\$0.00</u> | |
| 83. Investments. Copy line 17, Part 4. | <u>\$0.00</u> | |
| 84. Inventory. Copy line 23, Part 5. | <u>\$0.00</u> | |
| 85. Farming and fishing-related assets. Copy line 33, Part 6. | <u>\$0.00</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. | <u>\$0.00</u> | |
| 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. | <u>\$0.00</u> | |
| 88. Real property. Copy line 56, Part 9.....> | | <u>\$0.00</u> |
| 89. Intangibles and intellectual property. Copy line 66, Part 10. | <u>\$0.00</u> | |
| 90. All other assets. Copy line 78, Part 11. | <u>\$0.00</u> | |
| 91. Total. Add lines 80 through 90 for each column | <u>\$0.00</u> | + 91b. <u>\$0.00</u> |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | <u>\$0.00</u> |

PFO Global, Inc.
EXHIBIT B.60

Intellectual Property

Note 1: Trademarks that were determined to have been “abandoned” or “dead” as of the Petition Date have not been listed.

Note 2: Patent, Patent Applications, and/or Trademarks registered to owner Energy Telecom, Inc. are listed herein pursuant to a previous merger agreement.

PFO Global, Inc.

Patents and Patent Applications

| Invention Title | Country | Application Number | Patent Number | Expiration Date |
|--|---|--|----------------------|------------------------|
| COMMUNICATION EYEWEAR PROVIDING ADVANCED ZONE OF SAFETY CAPABILITY | EPO (Germany, France, Great Britain, Italy) Japan | 138633417 Pending | | |
| | Patent Cooperation Treaty | PCTUS1369994 | | |
| | United States | 13/713,789 | 8744113 | 13-Dec-2032 |
| | United States | 14/192,220 | Allowed | Pending |
| COMMUNICATION EYEWEAR WITH ADVANCED AUDIO CONTROL AND THE OPTION OF WIRELESS EARPIECES | Australia Canada China European Patent Convention Japan Korea, Republic of United States United States United States United States | 2010347741 2791531 2010800652024 108475823 2012557012 1020127023357 12/283,029 13/585,430 13/921,606 14/200,612 | | |
| | | | Allowed | |
| | | | 8243973 | 19-Apr-2031 |
| | | | 8588448 | 9-Sep-2028 |

HEARING PROTECTION AND
COMMUNICATION EYEWEAR

| | | | |
|----------------------------|------------|-------------|-------------|
| Australia | 63215/98 | 759466 | 10-Feb-2018 |
| Canada | 2314348 | 2314348 | 10-Feb-2018 |
| China | 98814068 | ZL988140675 | 10-Feb-2018 |
| European Patent Convention | 98907400 | 1060433 | 10-Feb-2018 |
| France | 98907400 | 1060433 | 10-Feb-2018 |
| Germany | 98907400 | 1060433 | 10-Feb-2018 |
| Italy | 98907400 | 1060433 | 10-Feb-2018 |
| Spain | 98907400 | 1060433 | 10-Feb-2018 |
| United Kingdom | 98907400 | 1060433 | 10-Feb-2018 |
| United States | 08/709,359 | 5717479 | 06-Sep-2016 |
| United States | 08/965,557 | 6012812 | 06-Sep-2016 |
| United States | 10/339,026 | 6950531 | 14-Sep-2016 |
| United States | 11/090,443 | 7133532 | 17-Sep-2016 |

Trademarks

| Mark | Country | Serial Number | Registration Number |
|-----------|---------------|---------------|---------------------|
| SAFE-TALK | United States | 85032675 | 3930119 |
| VITARIS | United States | 86741652 | 4932354 |

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 **Hillair Capital Investment, L.P.**

Creditor's Name

**345 Lorton Avenue
Suite 303
Burlingame, CA 94010**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

06/30/2015

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All Debtor's Property

Column A

Amount of claim

Do not deduct the value of collateral.

\$10,743,000.00

Column B

Value of collateral that supports this claim

Unknown

Describe the lien

Security Agreement

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.2 **Internal Revenue Service**

Creditor's Name

**1100 Commerce St M/S
MC5027DAL
Dallas, TX 75242**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Unknown**Unknown**

Describe the lien

IRS tax lien

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor

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No

Contingent

Yes. Specify each creditor,
including this creditor and its relative
priority.

Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$10,743,000.
00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

**Adam H. Friedman & Jonathan T. Koevary
Olshan Frome Wolosky LLP
1325 Avenue of the Americas
New York, NY 10019**

Line 2.1

**Jason S. Brookner
Gray Reed & McGraw LLP
1601 Elm Street, Suite 4600
Dallas, TX 75201**

Line 2.1

Fill in this information to identify the case:

Debtor name PFO Global, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number (if known) 17-30355 Check if this is an amended filingOfficial Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

 No. Go to Part 2. Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | Total claim | Priority amount |
|-----|---|---|
| 2.1 | Priority creditor's name and mailing address Internal Revenue Service 1100 Commerce St M/S MC5027DAL Dallas, TX 75242 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | Amount of claim | |
|-----|--|---|
| 3.1 | Nonpriority creditor's name and mailing address Allen S. Musikantow & Amy L. Musikantow 9110 NW Highway 225A Ocala, FL 34482 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date(s) debt was incurred Last 4 digits of account number | Basis for the claim: Note(s) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.2 | Nonpriority creditor's name and mailing address Anna A. Barbalace 9537 Shirewood Court Baltimore, MD 21237 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date(s) debt was incurred Last 4 digits of account number | Basis for the claim: Note(s) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| | | | |
|--------|--|---|---------------------|
| Debtor | PFO Global, Inc. Name | Case number (if known) | 17-30355 |
| 3.3 | Nonpriority creditor's name and mailing address Arshya Lokhandwala 2867F Regal Circle Apt F Birmingham, AL 35216 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.4 | Nonpriority creditor's name and mailing address AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197-6743 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$157.29 |
| 3.5 | Nonpriority creditor's name and mailing address Atlas Technologies, AG 1704 Main Street # 1706 Dallas, TX 75202 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$117,700.00 |
| 3.6 | Nonpriority creditor's name and mailing address Auxol Capital 570 Ocean Drive #201 Juno Beach, FL 33408-1953 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$218,333.00 |
| 3.7 | Nonpriority creditor's name and mailing address Brian Bernick 17601 Middlebrook Way Boca Raton, FL 33496 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |
| 3.8 | Nonpriority creditor's name and mailing address Carl Eric Mayer 5310 Kenosha Street Richmond, IL 60071 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.9 | Nonpriority creditor's name and mailing address Carlos Gavidia 212 Spyglass Lane Jupiter, FL 33477 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$325,000.00 |

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| | | | |
|------|---|--|---------------------|
| 3.10 | Nonpriority creditor's name and mailing address Charles Biemiller 1805 Oxford Square Bel Air, MD 21015 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100,000.00 |
| 3.11 | Nonpriority creditor's name and mailing address Charles Posternack 1460 S Ocean Blvd. Apt 1403 Pompano Beach, FL 33062 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40,000.00 |
| 3.12 | Nonpriority creditor's name and mailing address Charles Walker 18 Nullamanna Road Camp Mountain QLD 4520, Australia Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$45,000.00 |
| 3.13 | Nonpriority creditor's name and mailing address Christopher Fogal 102 NE Charleston Oaks Drive Port Saint Lucie, FL 34983 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.14 | Nonpriority creditor's name and mailing address Commercial Real Estate Lenders, Inc. c/o Harry Hahamovitch 2214 W. Atlantic Avenue Suite 201 Delray Beach, FL 33445 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.15 | Nonpriority creditor's name and mailing address Constantine Hagepanos, R/O IRA 7909 Ardmore Avenue Baltimore, MD 21234 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |
| 3.16 | Nonpriority creditor's name and mailing address Daniel Armstrong 611 Loch Chalet Court Arlington, TX 76012 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150,000.00 |

Debtor **PFO Global, Inc.**
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| | | | |
|------|---|--|---------------------|
| 3.17 | Nonpriority creditor's name and mailing address Daniel T. York 6671 W. Indiantown Rd Suite 50-404 Jupiter, FL 33458 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$105,000.00 |
| 3.18 | Nonpriority creditor's name and mailing address Don C. Railsback & Teresa A., JTWROS 512 Church Street Neodesha, KS 66757 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.19 | Nonpriority creditor's name and mailing address Donald & Joan Harris 131 Tresana Blvd # 73 Jupiter, FL 33478 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.20 | Nonpriority creditor's name and mailing address Donald Myrtue 120 Oaklane Lebanon, OR 97355 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30,000.00 |
| 3.21 | Nonpriority creditor's name and mailing address Donald W. Moore, Jr 6 September Place Palm Coast, FL 32164 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.22 | Nonpriority creditor's name and mailing address Edward & Susan Green, JTWROS 6003 Country Walk Road Midlothian, VA 23112 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$20,000.00 |
| 3.23 | Nonpriority creditor's name and mailing address Edward Dunne 10820 NW 33rd Street Coral Springs, FL 33060 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |

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| 3.24 | Nonpriority creditor's name and mailing address Estate of Arthur E. Lipson Cohen, Chase, Hoffman & Schimmel, PA 9400 S. Dadeland Blvd Suite 600 Miami, FL 33156 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,000.00 |
| 3.25 | Nonpriority creditor's name and mailing address Evan N. Padousis & Penny Padousis, JTWRO 1631 Sailaway Circle Essex, MD 21221 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.26 | Nonpriority creditor's name and mailing address F. Larry Holcomb 721 Edgewood Drive Sheffield, AL 35660 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |
| 3.27 | Nonpriority creditor's name and mailing address Gary B. Allison 620 21st Street S Arlington, VA 22202 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,000.00 |
| 3.28 | Nonpriority creditor's name and mailing address Gentry Living Trust 1022 Trillie Lane Chapin, SC 29036 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100,000.00 |
| 3.29 | Nonpriority creditor's name and mailing address George & Stephanie N. Gavrilis 1623 Sailway Circle Essex, MD 21221 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.30 | Nonpriority creditor's name and mailing address George A. Long III 1281W. King Street York, PA 17404 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |

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| 3.31 | Nonpriority creditor's name and mailing address Gerald & Janice Johnson, JTWROS 2538 E. Breckenridge Drive Byron, IL 61010 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30,000.00 |
| 3.32 | Nonpriority creditor's name and mailing address Grenville Strategic Royalty Corp. 220 Bay Street Suite 550 Toronto, ON M5J 2WA Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Royalty Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,875,000.00 |
| 3.33 | Nonpriority creditor's name and mailing address Haynes & Boone 2505 North Plano Road Suite 4000 Richardson, TX 75082-4101 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney's Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$232,453.57 |
| 3.34 | Nonpriority creditor's name and mailing address HCA Capital Fund LLC Cohen, Chase, Hoffman & Schimmel, PA 9400 S. Dadeland Blvd Suite 200 Miami, FL 33156 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$448,992.98 |
| 3.35 | Nonpriority creditor's name and mailing address Howard Glancy 5280 Clandley Farm Circle Centreville, VA 20120 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100,000.00 |
| 3.36 | Nonpriority creditor's name and mailing address HP Equity Fund LLC c/o Harry Hahamovitch 2206 W. Atlantic Avenue Suite 201 Delray Beach, FL 33445 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,030,638.97 |
| 3.37 | Nonpriority creditor's name and mailing address James E. Anderson 108 S. Main Street Le Sueur, MN 56058 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$300,000.00 |

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| 3.38 | <p>Nonpriority creditor's name and mailing address James E. Anderson 29874 Henderson Station Rd Henderson, MN 56044</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice Only</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | Unknown |
| 3.39 | <p>Nonpriority creditor's name and mailing address Jay R. Angle 8211 Burnley Road Baltimore, MD 21204</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Note(s)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$50,000.00 |
| 3.40 | <p>Nonpriority creditor's name and mailing address Jeffrey P. Weyandt 701 Legacy Drive Apt. 1125 Plano, TX 75023</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vacation</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | Unknown |
| 3.41 | <p>Nonpriority creditor's name and mailing address Jennifer Svoboda P.O. Box 37 Sargent, NE 68874</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Note(s)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$25,000.00 |
| 3.42 | <p>Nonpriority creditor's name and mailing address Joel D. Tracy 574 Glen Ridge Drive South Bridgewater, NJ 08807</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice Only</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | Unknown |
| 3.43 | <p>Nonpriority creditor's name and mailing address Joel D. Tracy 39 Avenue At the Common Suite 210 Shrewsbury, NJ 07702</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Note(s)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$280,000.00 |
| 3.44 | <p>Nonpriority creditor's name and mailing address John Baleno 2895 Hampton Circle East Delray Beach, FL 33445</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Note(s)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$50,000.00 |

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| 3.45 | Nonpriority creditor's name and mailing address John Blum, Jr. TOD Mary P. Plum 6 Mink Hollow Court Owings Mills, MD 21117 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$50,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: Note(s) | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.46 | Nonpriority creditor's name and mailing address John E. Nash 209 N. Main Street North Brookfield, MA 01535 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$15,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: Note(s) | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.47 | Nonpriority creditor's name and mailing address John P. Rodriguez 22100 Swan Road Apt 727 South Lyon, MI 48178 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$10,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: Note(s) | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.48 | Nonpriority creditor's name and mailing address Joseph Barry Schimmel, Esq. Cohen, Chase, Hoffman & Schimmel, PA 9400 S. Dadeland Blvd Suite 600 Miami, FL 33156 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$10,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: Note(s) | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.49 | Nonpriority creditor's name and mailing address Kenneth F. Langer 7210 Tall Pine Way Clarksville, MD 21029 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$50,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: Note(s) | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.50 | Nonpriority creditor's name and mailing address Martin Blair 89 Tattenham Crescent Epsom Surrey KT18, 5NY UK | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$25,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: Note(s) | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.51 | Nonpriority creditor's name and mailing address Mary T. Leone 8800 Rachel Court Ellicott City, MD 21043 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: Note(s) | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 3.52 | Nonpriority creditor's name and mailing address Matt G. Cevasco 15 Indian Purchase Whitehouse Station, NJ 08889 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vacation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| 3.53 | Nonpriority creditor's name and mailing address Meyllyn S. Gober 3072 Old Still Lane Weston, FL 33331 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |
| 3.54 | Nonpriority creditor's name and mailing address Michael Broderson 4 East 76th Street New York, NY 10021 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |
| 3.55 | Nonpriority creditor's name and mailing address Nazim Lokhandwala 6202 Rockglen Drive Springfield, VA 22152 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.56 | Nonpriority creditor's name and mailing address Nimal H. Liyanage 22006 Summit Hill Drive Lake Forest, CA 92630 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$200,000.00 |
| 3.57 | Nonpriority creditor's name and mailing address Norman L. McClain & Ona Lou McClain 491 Main Street Robertsdale, PA 16674 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.58 | Nonpriority creditor's name and mailing address Paul D. Crain 4 Monroe Street Apt 710 Rockville, MD 20850 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100,000.00 |

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| 3.59 | Nonpriority creditor's name and mailing address Paul Sallwasser & Terri Kemmerer, JTWROS 301 Windmill palm Avenue Fort Lauderdale, FL 33324 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |
| 3.60 | Nonpriority creditor's name and mailing address PFO Fund LLC Cohen, Chase, Hoffman & Schimmel, PA 9400 S. Dadeland Blvd Suite 600 Miami, FL 33156 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$206,565.28 |
| 3.61 | Nonpriority creditor's name and mailing address R. Douglas Armstrong 570 Ocean Drive #201 Juno Beach, FL 33408-1953 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$368,333.00 |
| 3.62 | Nonpriority creditor's name and mailing address Reginald Davenport & Stevelena, JTWROS 1035 S. Federal Highway, Apt 407 Delray Beach, FL 33483 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.63 | Nonpriority creditor's name and mailing address Richard B. Williamson 1230 E Hazel Blvd. Tulsa, OK 74114 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$655,000.00 |
| 3.64 | Nonpriority creditor's name and mailing address Robert J. Desino 8786 NW Highway 225A Ocala, FL 34482 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$300,000.00 |
| 3.65 | Nonpriority creditor's name and mailing address Robert Mathews 904 Edgewood Drive Sheffield, AL 35660 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,500.00 |

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| 3.66 | Nonpriority creditor's name and mailing address Robert P. Padousis & Kita Padousis 1631 Sailaway Circle Essex, MD 21221 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$40,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Note(s)</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.67 | Nonpriority creditor's name and mailing address Robert Ryan & Qin C. Ryan 2306 Falling Creek Silver Spring, MD 20904 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Note(s)</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.68 | Nonpriority creditor's name and mailing address Ron Craft P.O. Box 600279 Dallas, TX 75360 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Note(s)</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.69 | Nonpriority creditor's name and mailing address Ronald F. Tutrone Jr 616 Greenwood Road Towson, MD 21204 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$40,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Note(s)</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.70 | Nonpriority creditor's name and mailing address Ruth Bernstein 112 Crescent Hollow Court Ramsey, NJ 07446 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$25,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Note(s)</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.71 | Nonpriority creditor's name and mailing address Sam Hafif 80 Park Avenue Apt 7J New York, NY 10016 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100,000.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Note(s)</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.72 | Nonpriority creditor's name and mailing address Scott E. Schalk 9421 Bristol Ridge Court West Palm Beach, FL 33411 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$143,334.00 |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Note(s)</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Debtor **PFO Global, Inc.**
Name

Case number (if known)

17-30355

| | | | |
|------|---|--|---------------------|
| 3.73 | Nonpriority creditor's name and mailing address Sterne Agee & Leach, Inc c/f Herbert T. Geoetchius 4117 Saltwater Blvd. Tampa, FL 33615 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.74 | Nonpriority creditor's name and mailing address Sterne Agee & Leach, Inc c/f David Silkworth 131 Wolf Dr. Allentown, PA 18104 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100,000.00 |
| 3.75 | Nonpriority creditor's name and mailing address Sterne Agee & Leach, Inc, c/f Ronald L. Fiegel 134 N. Murfield St. Wichita, KS 67212 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75,000.00 |
| 3.76 | Nonpriority creditor's name and mailing address Sterne Agee & Leach, Inc. c/f Christopher E. Fogal 102 NE Charleston Oaks Drive Port Saint Lucie, FL 34983 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |
| 3.77 | Nonpriority creditor's name and mailing address Sterne Agee & Leach, Inc. c/f Beverly F. German 310 Williams Street Bel Air, MD 21014 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |
| 3.78 | Nonpriority creditor's name and mailing address Sterne Agee & Leach, Inc. c/f Sally Reed 53 Grand Blvd Binghamton, NY 13905 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.79 | Nonpriority creditor's name and mailing address Steven Wallitt 12 Abby Drive Lawrenceville, NJ 08648 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$350,000.00 |

| | | | |
|--------|---|--|-----------------------|
| Debtor | PFO Global, Inc. Name | Case number (if known) | 17-30355 |
| 3.80 | Nonpriority creditor's name and mailing address Terry Brown 117 E. Lincolnway Jefferson, IA 50129 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.81 | Nonpriority creditor's name and mailing address Thomas G. Bongard 6217 Woodlake Road Jupiter, FL 33458 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$160,000.00 |
| 3.82 | Nonpriority creditor's name and mailing address Thomas James Polcari 6436 Ruxton Dr Elkridge, MD 21075 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.83 | Nonpriority creditor's name and mailing address Thomas Tobin 39071 Greenwood Lane Aberdeen, SD 57401-1000 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |
| 3.84 | Nonpriority creditor's name and mailing address Timothy Douglas Quartly-Watson 12524 Regent Way Oregon House, CA 95962 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,000.00 |
| 3.85 | Nonpriority creditor's name and mailing address Transition Capital LLC Cohen, Chase, Hoffman & Schimmel, PA 9400 S. Dadeland Blvd Suite 600 Miami, FL 33156 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,550,200.00 |
| 3.86 | Nonpriority creditor's name and mailing address Wei Kai Chang 7708 Sebago Road Bethesda, MD 20817 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,000.00 |

| | | | |
|--------|--|---|--------------------|
| Debtor | PFO Global, Inc. Name | Case number (if known) | 17-30355 |
| 3.87 | Nonpriority creditor's name and mailing address William S. Atkins Living Trust 807 Blairmont Drive Boone, NC 28607 | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$10,000.00 |
| | | <input type="checkbox"/> Contingent | |
| | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| | Date(s) debt was incurred _ | Basis for the claim: Note(s) | |
| | Last 4 digits of account number _ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | | |
|--------------------------|--|---|
| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--------------------------|--|---|

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

| Total of claim amounts | | |
|------------------------|----|-------------------------|
| 5a. | \$ | 0.00 |
| 5b. | + | \$ 11,729,208.09 |
| 5c. | \$ | 11,729,208.09 |

Fill in this information to identify the case:

Debtor name PFO Global, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 17-30355

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Consulting Services

State the term remaining

09/01/2016 - 02/28/2017

List the contract number of any government contract

**Brigitte Rousseau
2812 Stratford Lane
Flower Mound, TX 75028**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Gross Sales Royalty to be paid to Grenville

State the term remaining

02/25/14 - Until terminated per terms of agreement

**Grenville Strategic Royalty Corp
220 Bay Street Suite 550
Toronto, ON M5J 2W4
Canada**

List the contract number of any government contract

2.3. State what the contract or lease is for and the nature of the debtor's interest

3 year lease of 14401 W. Beltwood Parkway, Suite 115, Farmers Branch, TX 75244

State the term remaining

03/01/2016 - 02/28/2019

**Hard Six Holdings Beltwood, LLC
4851 LBJ Freeway
Dallas, TX 75244**

List the contract number of any government contract

2.4. State what the contract or lease is for and the nature of the debtor's interest

Consulting Services (business/financial)

State the term remaining

12/01/2015 - Automatic 6 month terms until terminated

**Mahesh Shetty
2708 Arbor Ct
Richardson, TX 75082**

List the contract number of any government contract

Debtor 1 **PFO Global, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

17-30355

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Employment Agreement (CEO)

State the term remaining

02/29/2015 - 02/28/2017

**Matthew G. Cevasco
14401 W. Beltwood Parkway
Suite 115
Farmers Branch, TX 75244**

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name PFO Global, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 17-30355

Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

| | | | | |
|-----|---------------------------------------|---|---|--|
| 2.1 | PFO MCO, LLC | 14401 W. Beltwood Parkway Suite 115 Farmers Branch, TX 75244 | Hillair Capital Investment, L.P. | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.2 | PFO Optima, LLC | 14401 W. Beltwood Parkway Suite 115 Farmers Branch, TX 75244 | Hillair Capital Investment, L.P. | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.3 | PFO Technologies, LLC | 14401 W. Beltwood Parkway Suite 115 Farmers Branch, TX 75244 | Hillair Capital Investment, L.P. | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.4 | Pro Fit Optix Holding, LLC | 14401 W. Beltwood Parkway Suite 115 Farmers Branch, TX 75244 | Hillair Capital Investment, L.P. | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |

Debtor PFO Global, Inc.

Case number (if known) 17-30355

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.5 **Pro Fit Optix, Inc.** 14401 W. Beltwood Parkway
Suite 115
Farmers Branch, TX 75244 Hillair Capital
Investment, L.P. D 2.1
 E/F _____
 G _____

Fill in this information to identify the case:

Debtor name PFO Global, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 17-30355

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 24, 2017

X /s/ Jeff F. Weyandt

Signature of individual signing on behalf of debtor

Jeff F. Weyandt

Printed name

Controller, PFO Global, Inc.

Position or relationship to debtor